

Dr. Mow Shiah Lin Scholarship 2017 Application Form

PERSONAL INFORMATION

Last Name: _____

First Name: _____ Middle Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail Address: _____

Country of Birth: _____

How did you learn of this scholarship? _____

EDUCATIONAL INFORMATION (College/University you are currently enrolled)

College/University Name: _____

Address: _____

City, State, Zip Code: _____

Start of Doctoral Study (yr): _____

Estimated Completion of Study (yr): _____

Field of Doctoral Study: _____

Grade Point Average (current): _____

AWARDS AND RECOGNITIONS (For additional awards, please attach a separate document.)

Award #1: _____ Year: _____

Award #2: _____ Year: _____

STATEMENT OF EDUCATIONAL AND CAREER GOALS

On a separate sheet of paper, summarize the objectives of your educational program and long-range research goals. Please highlight your most rewarding educational experience that you have had in science and/or technology. Attach the essay to this application form. The essay should be concise, limited to one page, and double-spaced.

APPLICANT'S CERTIFICATION

I certify that all the information provided is complete and accurate to the best of my knowledge. I certify that I will be enrolled in a doctoral program at least through May of 2018, and that I am a student of Asian heritage with a U.S. student visa. I understand that all application materials become the property of the APAA and cannot be returned. All decisions by the APAA are final. I hereby certify that I have read this application and accept all conditions of the award as specified.

Signature

Date